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P-185 - PROGNOSTIC VALUE OF INFLAMMATORY MARKERS IN GLIOSARCOMAS

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Resumen

Introduction: WHO histological classification from 2016 refers to Gliosarcoma as a subset of Glioblastoma, a IDH wildtype, grade IV tumor. Gliosarcomas represents around 5% of glioblastomas, being a rare pathology. Multiple studies showed prognostic impact of inflammatory markers as neutrophil/lymphocyte ratio (NLR), monocyte/lymphocyte ratio (MLR) and platelet/lymphocyte ratio (PLR) in malignancies, including gliomas.

Objectives: This study analyses pre-operative inflammatory markers from patients with diagnosis of Gliosarcoma, in one institution, in search of possible prognostic factors.

Methods: All patients with diagnosis of primary gliosarcoma, between 2008 and 2018, in a tertiary hospital, were collected and it was analysed retrospectively their inflammatory markers, including neutrophils, monocytes, lymphocytes and platelets, from before surgery and before administration of corticosteroids.

Results: Twenty-three patients were collected. The mean age at diagnosis were 61.0 years old, 13 (56.5%) were males and 10 (43.5%) were females. The median Karnofsky Performance Score (KPS) was 80 (60-100). The average tumor diameter was 47.8 mm, with a temporal lobe predilection (n = 10; 43.5%). Surgical resection was partial in 7 patients (30.4%), subtotal (> 90%) in 13 (56.5%) and total in 3 patients (13%). 17 patients (73.9%) were submitted to Radiotherapy (RT) and 14 (60.9%) to Chemotherapy (QT). Median Overall Survival (OS) was 8.0 months. Both QT and RT were associated with longer OS, while surgical resection was not. Neither absolute count of neutrophils, monocytes, lymphocytes or platelets, neither NLR, MLR or PLR were correlated with survival.

Conclusions: Inflammatory markers doesn't seem to be of prognostic value in patients with gliosarcoma. However, this is a limited study, with a retrospective and unicentric design, about a rare disease, and so, more investigation in this field must be pursued.